

**QUESTIONNAIRE
STATEMENT OF ELIGIBILITY AND INTEREST (SEI)
ENHANCED EMERGENCY SHELTER PROGRAM
FOR TRANSITION AGE YOUTH (TAY)-AGES 18-25**

Date: _____

Agency Name: _____

Address of Agency Headquarters: _____

Address of Shelter(s), if different: _____

Supervisory District(s): _____ Service Area(s): _____

Name of Chief Executive Officer: _____

Name of Agency Contact Person: _____

Title: _____ Telephone Number: _____

Email Address: _____

Current DMH Contractor: Yes _____ No _____ If yes, provide contract number (s) and type: _____

TOTAL CAPACITY OF SHELTER: _____

Total Proposed Beds Available for DMH SED/SPMI TAY Clients: _____

Indicate proposed number of TAY DMH clients that can be served in each category if awarded a contract under this solicitation:

Single males:	_____	(age 18-25)
Single females:	_____	(age 18-25)
Physically disabled males:	_____	(age 18-25)
Physically disabled females:	_____	(age 18-25)
TAY with families:	_____	
Other (please specify):	_____	

Note: Respondent's completion of the Questionnaire in response to this SEI does not bind, nor purport to bind, the County or respondent in any way. Any subsequent, resultant contract with the County shall require the completion of required contract negotiation documents. A legally binding contract shall be executed only after formal approval by and authorization of the County of Los Angeles Board of Supervisors.

QUESTIONNAIRE	Yes	No
1. Does your proposed shelter site meet all zoning codes as one of the following: a temporary emergency shelter, transitional living facility, sober living facility, board and care, substance abuse treatment facility, supportive housing, or temporary shelter?		
2. Is your proposed shelter site current with all health and safety requirements, including, permit/license from the Department of Public Health, business license, license and certification from the Department of Health Care Services, and a fire permit/clearance or proof of annual inspections by local fire department?		
3. Is the proposed shelter provider on the Mental Health Services Act (MHSA) Master Agreement list specifying experience providing services to Transition-Age Youth (TAY) ages 18 to 25 years of age?		
4. In the last three years, has your agency actively outreached and engaged the Seriously Emotionally Disturbed (SED)/ Severely Persistently Mentally Ill (SPMI) TAY population of Los Angeles County?		
5. Does your agency have at least three years of experience within the last five years providing basic support and shelter/housing services to homeless, indigent TAY and/or Seriously Emotionally Disturbed (SED)/Severely Persistently Mental Ill (SPMI) TAY consumers with or without minor children?		
6. Does your agency have at least three years of experience within the last five years providing mental health services and/or substance abuse treatment to the Seriously Emotionally Disturbed (SED)/ Severely Persistently Mental Ill (SPMI) TAY consumers?		
7. Does your agency have current working agreements with community partners that can assist TAY with appropriate linkages and referrals to various social services?		
8. Does your agency have current working agreements with a substance abuse provider that can assist TAY with appropriate linkages and referrals?		
9. Does your agency have properly trained personnel to provide safety, support and supervision to youth to minimize potential for abuse and/or victimization of the SED/SPMI TAY population 24 hours per day, 7 days per week?		
10. In the last five years, has a governmental entity terminated a contract with your agency for convenience or cause?		
11. In the last five years, has your agency had any substantiated Patient Rights complaints?		

All responses are subject to verification by DMH and your agency may be required to provide documentation to substantiate your responses.

☐ **I hereby acknowledge that the foregoing response to this Statement of Eligibility and Interest Questionnaire for EESP for TAY is truthful and accurate.**

Submitted by:

Print Name of Agency

Signature of Authorized Agency Representative

Print Name of Authorized Agency Representative

Date